MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04676

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH:
COUNTY Anne Arundel | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover. | LENGTH OF STAY (in this place) 3 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS B-Ridge Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover
STREET ADDRESS (If rural give location) B-Ridge Rd.

3. NAME OF DECEASED: (Type or Print) (First) Elsie (Middle) G. (Last) Atkinson.

4. DATE OF DEATH: (Month) May (Day) 7, (Year) 1953.

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Sept. 2, 1894 | 9. AGE Last birthday: 58 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store
11. BIRTHPLACE (State or foreign country): Maryland Line, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Gemmill
14. MOTHER'S MAIDEN NAME: Pattie Gemmill nee Johnson.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: John W. Atkinson, Box 120 Ridge Rd, Hanover, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) HEART FAILURE - ARTEROSCLEROTIC	3 MO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO DIABETES MELLITUS, HYPERTENSION	
	(c) DUE TO UREMIA	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 APRIL, 1953, to 7 MAY, 1953, that I last saw the deceased alive on 7 MAY, 1953 and that death occurred at 11:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
George E. Gorleau MD MAIN ST ELKRIDGE MD 8 may 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial. | DATE THEREOF May 11, 1953 | NAME OF CEMETERY OR CREMATORY New Market Cemetery | LOCATION (City, town, or county) Maryland Line, (State) Md.

DATE REC'D BY LOCAL REGISTRAR May 12 - 53 | REGISTRAR'S SIGNATURE Clara Barlup | 24. FUNERAL DIRECTOR Jacob Harlenstein, ADDRESS New Freedom, Pa.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15-1

Elsie G Fuller Grace Kapiza

RECEIVED
MAY 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   COUNTY: Anne Arundel — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
   LENGTH OF STAY (in this place): 7½ mos.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY: Some
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
   19-32
   STREET ADDRESS (If rural give location): 20 North Fourth Street

3. NAME OF DECEASED: (Type or Print) (First) Floyd (Middle) (Last) Ball

4. DATE OF DEATH: (Month) 5 (Day) 11 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8/22/00

9. AGE last birthday: 52 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Armsted Ball

14. MOTHER'S MAIDEN NAME: Rachel Ball

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Generalized Arteriosclerosis — Interval Between Onset And Death: Known to us since 10/2/52

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - - - - - — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - - — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - - - - - — (CITY OR TOWN) (COUNTY) (STATE) - - - - - - - - - -

TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? - - - - - - - - - - - - - - -

22. I hereby certify that I attended the deceased from 2/1, 19 53 to 5/11, 19 53, that I last saw the deceased alive on 5/11, 19 53 and that death occurred at 4:45 a.m., from the causes and on the date stated above.

SIGNATURE: Arnold H. Eckert (Degree or title) M.D. — ADDRESS: Crownsville, Md. — DATE SIGNED: 5/11/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5/17/1953 — NAME OF CEMETERY OR CREMATORY: Shiloh Bapt. Cem. — LOCATION (City, town, or county) (State): Northumberland Co. Va.

DATE REC'D BY LOCAL REGISTRAR: 5/13/53 — REGISTRAR'S SIGNATURE: C W Hedrick — 24. FUNERAL DIRECTOR: Mrs Katie R. Williams — ADDRESS: 322 Shoreham St

VS. A15

04678

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

1. PLACE OF DEATH:

COUNTY: Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millersville — LENGTH OF STAY (in this place): 4/24

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 301

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Same

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Maryanna (Middle) (Last) BEJMA

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 12/8/74

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany - Europe

12. CITIZEN OF WHAT COUNTRY? German Polish

13. FATHER'S NAME: Steve - WIECZOREK

14. MOTHER'S MAIDEN NAME: Rose TABAT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No.

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Josephine KOSTKOWSKI (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 450.0

Immediate cause (a) General Arterio Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: +5y

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from March, 1953, to 5/30, 1953, that I last saw the deceased alive on 5/30, 1953, and that death occurred at 10:24 m., from the causes and on the date stated above.

SIGNATURE: Gustave H. Pauber M.D. (DEGREE OR TITLE) ADDRESS: Glen Burnie, Md. DATE SIGNED: 5/31/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 3/53 — NAME OF CEMETERY OR CREMATORY: St Stanislaus Cemetery — LOCATION (City, town, or county) (State): Dundalk Ave Balto Md

DATE REC'D BY LOCAL REG.: 6/2/53 — REGISTRAR'S SIGNATURE: [signature] — **24. FUNERAL DIRECTOR** ADDRESS: John J Duda Inc 2829 Hudson St

Dup

MARYLAND STATE DEPARTMENT OF HEALTH

04679

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
LENGTH OF STAY (in this place) 12 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 406 Central Ave., S.W.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural, give location) 406 Central Ave., S.W.

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) F. (Last) Benson

4. DATE OF DEATH: (Month) May (Day) 25, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 17, 1869

9. AGE last birthday: 84 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Burtold

14. MOTHER'S MAIDEN NAME: Mary Bottle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Louis Benson 406 Central Ave. S.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) General Arteriosclerosis — Interval Between Onset and Death: ?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to 5/25, 1953, that I last saw the deceased alive on 5/25/53, 19..., and that death occurred at 9.15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Gustave A. Pacheco M.D. ADDRESS: Glen Burnie, Md. DATE SIGNED: 5/26/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 5-29-1953 NAME OF CEMETERY OR CREMATORY: Cedar Hill LOCATION (City, town, or county) (State): Brooklyn, Md.

DATE REC'D BY LOCAL REG. 5/29/53 REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: G. Howard Strong ADDRESS: 3207 W. North Ave.,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04680

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Pk. — LENGTH OF STAY (in this place) 7 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Night Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barstow
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Abram (Middle) Gray (Last) Bowen Sr

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 11-26-1856

9. AGE last birthday 96 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Calvert Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Abram Gray Bowen

14. MOTHER'S MAIDEN NAME: Mary M Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT'S ADDRESS: 4420 Belview Ave Mr. Everett Leroy Bowen, Balto 15, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

450.0

Immediate cause (a) Uremia — 1 week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis general

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/20, 1953, to 5/21, 1953 that I last saw the deceased alive on 5/20, 1953, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Bobby L. Jones M.D. 5 Central Ave S.W. Glen Burnie Md 5/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF May 23/53 — NAME OF CEMETERY OR CREMATORY Central — LOCATION (City, town, or county) Barstow (State) Md

DATE REC'D BY LOCAL REGISTRAR May 22/53 — REGISTRAR'S SIGNATURE Dave L. Hutchins — 24. FUNERAL DIRECTOR Wm H. Hutchins — ADDRESS Owings Md

May 29. 53 L. J. DeCalvo

RECEIVED
JUN 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Va. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Callo
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Novella (Middle) Augusta (Last) Brown

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1953

5. SEX: F.
6. COLOR OR RACE: W.
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widowed
8. DATE OF BIRTH: 12/16/55
9. AGE last birthday: 97 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housecoffe
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mundy Point - Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Cookman
14. MOTHER'S MAIDEN NAME: Sarah Burton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: No
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 450.0

Immediate cause (a) General Arterio-Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: + 6 weeks

Antecedent cause(s) DUE TO (b) —

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April, 1953, to 5/23, 1953, that I last saw the deceased alive on 5/20, 1953 and that death occurred at 5 A.m., from the causes and on the date stated above.

SIGNATURE Gustave H. Faucher M.D. (DEGREE OR TITLE) ADDRESS Glen Burnie, Md. DATE SIGNED 5/23/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 26, 1953
NAME OF CEMETERY OR CREMATORY Gibson
LOCATION (City, town, or county) (State) Va.
DATE REC'D BY LOCAL REG. May 23, 1953
REGISTRAR'S SIGNATURE L. J. D'Alba
24. FUNERAL DIRECTOR Hobson Jones, Rainwood, Va ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-

RECEIVED
MAY 25 1953
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

91682

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Anne Arundel COUNTY Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
STREET ADDRESS (If rural, give location) 213 Franklin Ave

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Elizabeth (Last) Buchal
4. DATE OF DEATH (Month) (Day) (Year) 5/8/53 19

5. SEX F
6. COLOR OR RACE St.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 11/20/1874
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Geo. Bateman
14. MOTHER'S MAIDEN NAME Mary Bowsler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mr. Chas E Buchal Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral apoplexy.

260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis, hypertension

(c) Myocarditis, Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/10, 1953, to 5/8, 1953, that I last saw the deceased alive on 5/6, 1953, and that death occurred at 6:00 Am. m., from the causes and on the date stated above.

SIGNATURE John A. Schweinitz (Degree or title) MD
ADDRESS 1337 S Clearls St.
DATE SIGNED 5/8/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/11/53
NAME OF CEMETERY OR CREMATORY Holy Cross
LOCATION (City, town, or county) (State) Ketchie & Highway

DATE REC'D BY LOCAL REG. May 9, 1953
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR J. J. Fahey & Sons
ADDRESS 121 Bright

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04783

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 5yrs. 5½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural give location): Unknown

3. NAME OF DECEASED: (Type or Print) (First) Susie (Middle) (Last) Caldwell

4. DATE OF DEATH: (Month) 5 (Day) 19 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 1887

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — — — —

16. SOCIAL SECURITY No.: — — — — —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Myocardial Degeneration 4 2 2

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Senile Psychosis — Known to us since II/30/51

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Glaucoma o.u. — Known to us since 11/30/51

19a. DATE OF OPERATION: — — — —

19b. MAJOR FINDINGS OF OPERATION — — — — — — — — — — — — — — — — — —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — — — — —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — — — —

(CITY OR TOWN) (COUNTY) (STATE) — — — — — — — — — — — —

TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — — — — — m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? — — — — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 2/1 ..., 19 53, to 5/19 ..., 19 53, that I last saw the deceased alive on 5/19/53 19..., and that death occurred at 10:55 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arnold H. Eichert M.D. — ADDRESS: Crownsville, Md. — DATE SIGNED: 5/19/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 23.53 — NAME OF CEMETERY OR CREMATORY: Mt Auburn — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REGISTRAR: 5-22-53 — REGISTRAR'S SIGNATURE: A. B. Hedrick M.H.

24. FUNERAL DIRECTOR: Isaac L Brown Son — ADDRESS: 1080 Montgomery Stock

Item 4 FilmG154 6/4/53 hw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A16A

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Lothian; MARYLAND; LENGTH OF STAY (In this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lothian; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Colbert

4. DATE OF DEATH: (Month) May (Day) 14 (Year) 1953

5. SEX: male

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH:

9. AGE Last birthday: 63 yrs. If under 1 year: Months; If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer farmland

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Bayard, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unk

14. MOTHER'S MAIDEN NAME: unk

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Wld War I (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 218-16-3315

17. INFORMANT AND ADDRESS: Mary Turner, Gaithville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval Between Onset and Death: unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive heart disease — 5 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Bowie Linn Grant. (Degree or title) M.D. ADDRESS: Shady Side, Md. DATE SIGNED: 5.16.53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 17/1953 — NAME OF CEMETERY OR CREMATORY: Adams Chapel — LOCATION (City, town, or county) (State): Lothian Md

DATE REC'D BY LOCAL REG.: May 17-53 — REGISTRAR'S SIGNATURE: J. B Bent

24. FUNERAL DIRECTOR: Hardisty Funeral Home, Gaithville, Md — ADDRESS

RECEIVED
MAY 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01085

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY A. A Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 513 TANEY AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY A4
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn
STREET ADDRESS (If rural give location) 513 TANEY AVE

3. NAME OF DECEASED: (Type or Print) (First) ROSE (Middle) (Last) COLURCIELLO

4. DATE OF DEATH: (Month) MAY (Day) 14, (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 10-9-1915
9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): NEW JERSEY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANK ROTTINO
14. MOTHER'S MAIDEN NAME: NINA GIAMO

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: HUSBAND ANDREW A. COLURCIELLO 513 TANEY AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 X

Immediate cause (a) DUE TO Generalized Carcinomatosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Carcinoma of Left Breast

(c)

Interval Between Onset And Death: 8 mo. 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-7-51
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Left Breast
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-21, 1951, to 5-13, 1953, that I last saw the deceased alive on 5-13, 1953, and that death occurred at 1:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) P. J. Grimaldi M.D. ADDRESS 4609 Gov. Ritchie Hwy. DATE SIGNED 5-14-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL-REMOVAL DATE THEREOF 5-16-1953 NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery Arlington N.J. LOCATION (City, town, or county) Arlington New Jersey (State)

DATE REC'D BY LOCAL REGISTRAR 5-14-53 REGISTRAR'S SIGNATURE A. W. Hedrick M.H. 24. FUNERAL DIRECTOR James L. McCully ADDRESS 130 E FORT AVE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

ITEMS 3,8,9,10,11,13,14,15,16,17, 23: Film 3154 5-26-53 L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12386

Reg. Dist. No. 26

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Deale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deale Beach.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Deale.
STREET ADDRESS (If rural, give location) Deale Beach.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Elizabeth (Last) Cosmolley
4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single.
8. DATE OF BIRTH: March 1889
9. AGE last birthday: 63 6/ yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	3 hrs.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral hemorrhage.	3 hrs.
	(c) hypertensive Cardiovascular disease	15 yrs.

4-4 X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-25, 1953, to 5-15, 1953, that I last saw the deceased alive on 5-15-53, 19..., and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Bowie Linn Grant M.D. Shady Side Md. 5/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial May 16 1953 St. Joseph's Cemetery Utica New York

DATE REC'D BY LOCAL REG. May 16-53
REGISTRAR'S SIGNATURE J. B. Dent
24. FUNERAL DIRECTOR ADDRESS
J. A. Hardesty & Son Galesville Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G Meade
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
STREET ADDRESS (If rural, give location) 654-4th Ave.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) T. (Last) Connolly
4. DATE OF DEATH (Month) May (Day) 7 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 27 Dec 1904
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier
10b. KIND OF BUSINESS OR INDUSTRY US Army
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John T. Connolly
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1924 to date
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Renal failure — INTERVAL BETWEEN ONSET AND DEATH 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple lacerations of liver

(c) Massive hemorrhage, medulla, right adrenal

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) at Meade Heights Meade Road (CITY OR TOWN) Fort George G Meade (COUNTY) Anne Arundel (STATE) Md.
TIME OF INJURY (Month) May (Day) 3 (Year) 53 (Hour) 0145 m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Vehicle went out of control & struck tree

22. I hereby certify that I attended the deceased from 3 May, 1953, to 7 May, 1953, that I last saw the deceased alive on 7 May, 1953, and that death occurred at 0829 a.m., from the causes and on the date stated above.

SIGNATURE Donald R. Mathews M.D. (Degree or title) ADDRESS Fort George G Meade, Md. DATE SIGNED 8 May 1953

23. BURIAL, CREMATION REMOVAL (Specify) Buriel
DATE THEREOF 12 May 53
NAME OF CEMETERY OR CREMATORY Arlington Nat'l Cemetary
LOCATION (City, town, or county) Arlington, (State) Va.

DATE REC'D BY LOCAL REG. 8 May 1953
REGISTRAR'S SIGNATURE [illegible] apt MSC
24. FUNERAL DIRECTOR LILLY & ZEILER, Inc ADDRESS Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAY 12 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04688

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Put correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G Meade, Md.
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1225 Etting St.

3. NAME OF DECEASED: (Type or Print) (First) Eleanor (Middle) (Last) Davis

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Newborn

8. DATE OF BIRTH: 11 May 1953

9. AGE Last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 18

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Washington Davis

14. MOTHER'S MAIDEN NAME: Elizabeth Fagan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) -

16. SOCIAL SECURITY No.: -

17. INFORMANT & ADDRESS: Mother 1225 Etting St. Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Aspiration of old blood & contents of fetal Gr.

DUE TO (c) Abdominal pregnancy.

Interval Between Onset And Death 10 min

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) -

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -

(CITY OR TOWN) (COUNTY) (STATE) -

TIME OF INJURY (Month) (Day) (Year) (Hour) - m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 11 May, 1953, to 11 May, 1953, that I last saw the deceased alive on 11 May, 1953, and that death occurred at 2325 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William Tennant, Capt M.C. Fort George G Meade, Md 11 May 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 13 May 53

NAME OF CEMETERY OR CREMATORY Post Cemetary

LOCATION (City, town, or county) (State) Ft Meade Anne Arundel, Md.

DATE REC'D BY LOCAL REGISTRAR 12 May 53

REGISTRAR'S SIGNATURE ARTHUR J COMPOSH Capt MSC

24. FUNERAL DIRECTOR ADDRESS HIRAM W TROSTEL Capt (Chap) Ft Meade, Md.

VS. A15

20532 52445

RECEIVED
MAY 15 1953
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5532

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md Maryland COUNTY AA.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis Harbor
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) JEANETTE (Last) DAWSON

4. DATE OF DEATH: (Month) 5 (Day) 22 (Year) 1953

5. SEX: F. | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): | 8. DATE OF BIRTH: 11/17/1885 | 9. AGE last birthday: 67 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 hrs.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired): housewife | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Kitrattan, Va | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Brown | 14. MOTHER'S MAIDEN NAME: Willie Mamie Thomas

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Daughter in law Mrs Blanche Dawson Crownsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) DUE TO Myocardial Degeneration — 4 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Generalized arteriosclerosis — 7 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. gangrene of legs

19a. DATE OF OPERATION: 1947 & 1953 | 19b. MAJOR FINDINGS OF OPERATION amputation of r. leg & l. 2nd toe | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NO | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20, 19 53, to 5/20, 19 53, that I last saw the deceased alive on 5/20, 19 53, and that death occurred at , from the causes and on the date stated above.

SIGNATURE (Degree or title) L. Benedict M.D. ADDRESS Crownsville, Md DATE SIGNED 5/22/53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) | DATE THEREOF May 25-1953 | NAME OF CEMETERY OR CREMATORY Baldwin Memorial Cem't | LOCATION (City, town, or county) Millersville | (State) Md.

DATE REC'D BY LOCAL REGISTRAR ~~May 25 1953~~ June 3, 1953 | REGISTRAR'S SIGNATURE K M Joyce | 24. FUNERAL DIRECTOR John W. Taylor Sons | ADDRESS Annapolis Md.

VS. A15

RECEIVED
JUN 11 1953
BUREAU V. S.

Item 7 Finished C 5/23/53 plw
Item 1a Finished 5-24-53 6-12-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04689

Reg. Dist. No.....

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fort Meade

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1703 Carroll Street

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) (Last) DEMONIE
4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH
9. AGE last birthday: 32 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Manning, South Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Willie Demonie
14. MOTHER'S MAIDEN NAME: Cammie Green
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W. 2
16. SOCIAL SECURITY NO.: 250-28-8778
17. INFORMANT AND ADDRESS: David Demonie-brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
442X Immediate cause	(a) Hypertensive cardiorenal disease	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: B B Fisher (Degree or title) Chief Medical Examiner — ADDRESS 700 Fleet St.-Balto. 2, Md. — DATE SIGNED May 19, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5/23/53 | NAME OF CEMETERY OR CREMATORY: Mt Auburn Cem | LOCATION (City, town, or county) (State): Balto City

DATE REC'D BY LOCAL REG.: 5-22-53 | REGISTRAR'S SIGNATURE: A W Hedrick M.D. | 24. FUNERAL DIRECTOR: Isaiah L Brown & Son | ADDRESS: 108 W. Montgomery St.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04690

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY S. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN JONES STATION
LENGTH OF STAY (in this place) 35 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SEVERNA PARK RT-1 BOX 131

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SEVERNA PARK
STREET ADDRESS (If rural give location) RT 1 BOX 131

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) FRANK DEROY
4. DATE OF DEATH: (Month) (Day) (Year) MAY 1 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.
8. DATE OF BIRTH: JULY 2, 1879
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM (PROD.)
11. BIRTHPLACE (State or foreign country): BELGIUM
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: EDWARD DEROY
14. MOTHER'S MAIDEN NAME: UNKNOWN
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: MARIE D. DEROY wife same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Coelina Hamage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 21, 1953, to April 31, 1953, that I last saw the deceased alive on April 31, 1953, and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M R Willoughby ADDRESS Severna Park Md DATE SIGNED 5-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 5-2-53
NAME OF CEMETERY OR CREMATORY ST MARY'S
LOCATION (City, town, or county) (State) ANNAPOLIS, Md.

DATE REC'D BY LOCAL REGISTRAR May 2, 1953
REGISTRAR'S SIGNATURE L. J. D'Alba
24. FUNERAL DIRECTOR B. L. HOPPING & SON ADDRESS ANNAPOLIS, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1391

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort George G. Meade
LENGTH OF STAY (in this place): 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2101-1 U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: ~~Illinois~~ Md. — COUNTY: Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Quincy
STREET ADDRESS (If rural give location): 1901 Tulson Ave. Zone 22

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) John (Last) Dieker

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 28 May 53

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months — Days 2 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Ft. Geo. G. Meade, Md.

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: John William Dieker

14. MOTHER'S MAIDEN NAME: Norma Jean Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: -

17. INFORMANT & ADDRESS: Mother
1901 Tulson Ave., Baltimore 22, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 762.5
(a) Anoxia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Inadequate pulmonary ventilation

DUE TO

(c) Prematurity

Interval Between Onset And Death: 2 Days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 May, 19 53 to 30 May, 19 53, that I last saw the deceased alive on 30 May 1953, and that death occurred at 0515 AM from the causes and on the date stated above.

SIGNATURE: Charles R. Dengene (Degree or title) M.D. ADDRESS: Fort Geo. G. Meade Md. DATE SIGNED: 30 May

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1 June 195
NAME OF CEMETERY OR CREMATORY: FT. GEORGE G. MEADE
LOCATION (City, town, or county): MARYLAND (State)

DATE REC'D BY LOCAL REGISTRAR: 1 Jun 53

REGISTRAR'S SIGNATURE: T. A. Gordon
T. A. GORDON CWO USA

24. FUNERAL DIRECTOR: J. P. SPENCER — ADDRESS: Ft. Geo. G. Meade, Md.

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RECEIVED
JUN 3 1913
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis,
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gambrills
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) LILLIE (Middle) MAY (Last) DOWNS

4. DATE OF DEATH: (Month) May (Day) 17, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widwoed

8. DATE OF BIRTH: April 15, 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William A. Sheppard

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) --- (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: ---

17. INFORMANT & ADDRESS: Mrs Grace Mayett Weems Creek, Annapolis, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
4221 Immediate cause	(a) Cerebral Vascular Accident	4 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic CVD c̄ Failure	3 mos
DUE TO		
(260x)	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetic Acidosis — 6 wks

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/29/, 1953, to 5/17, 1953, that I last saw the deceased alive on 5/17/, 1953, and that death occurred at 11 20A m., from the causes and on the date stated above.

SIGNATURE Frank W. Shipley (DEGREE OR TITLE) M.D. ADDRESS Annapolis DATE SIGNED 5/18/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 5-20-53 NAME OF CEMETERY OR CREMATORY MEDON RIDGE LOCATION (City, town, or county) (State) ~~Bainbridge~~ Elkridge, Md.

DATE REC'D BY LOCAL REG. May 20, 1953 REGISTRAR'S SIGNATURE [signature] B.W.

24. FUNERAL DIRECTOR Ben L. Hopping and Son ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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S. A. 5 8

RECEIVED
MAY 21 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04693

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 2 mos. 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) Dennis (Middle) (Last) Firby
4. DATE OF DEATH: (Month) 5 (Day) 18 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1884?
9. AGE last birthday: 69? yrs. IF UNDER 1 YEAR Months - Days - IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) Unk.
16. SOCIAL SECURITY No.: Unk.
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Cerebro-vascular accident — Known to us since admission

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis — " — "

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right hemiplegia, ataxic aphasia — " — "

19a. DATE OF OPERATION: - - - -
19b. MAJOR FINDINGS OF OPERATION -
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) - - - - - -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - - - (CITY OR TOWN) (COUNTY) (STATE) - - - - - - - - - - - - - - - -
TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - - - - - m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? - - - - - - - - - - - - - - - - - -

22. I hereby certify that I attended the deceased from 3/10, 1953, to 5/18, 1953, that I last saw the deceased alive on 5/18, 1953, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert, M.D.
ADDRESS Crownsville, Md.
DATE SIGNED 5/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 6/1/53
NAME OF CEMETERY OR CREMATORY University Med School
LOCATION (City, town, or county) Baltimore City (State) Md

DATE REC'D BY LOCAL REGISTRAR 6/1/53
REGISTRAR'S SIGNATURE L J D'Alba Katherine Joyce
24. FUNERAL DIRECTOR Frances A Hemsley 578 N Biddle St
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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UN 3
DEAJ V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C2391

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Hill St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY aa.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md
STREET ADDRESS (If rural give location) 5 Hill St

3. NAME OF DECEASED: (Type or Print) (First) Lavinia (Middle) Gates (Last) Geesner

4. DATE OF DEATH: (Month) 5 (Day) 27 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): W

8. DATE OF BIRTH: 7-28-1874

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: None

10b. KIND OF BUSINESS OR INDUSTRY: House wife

11. BIRTHPLACE (State or foreign country): Annapolis Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Basil Gates

14. MOTHER'S MAIDEN NAME: Anna Garner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -

(If Yes, give war or dates of service) -

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: John W. Geesner 5 Hill St Annapolis Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Congestive Heart Failure — Interval Between Onset And Death: Several Wks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO Cr. Myo-Endocarditis — Several Yrs
(c) Senile Uraemic Coma — 24 Hrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1953, to May 27, 1953, that I last saw the deceased alive on May 27 1953, and that death occurred at 4-45 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) J. Oliver Purnell M.D. ADDRESS Annapolis Md DATE SIGNED 5/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 5-30-53 NAME OF CEMETERY OR CREMATORY National Cem LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR May 29, 1953 REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR John M Taylor & Son ADDRESS Annapolis Md.

VS. A15

RECEIVED
JUN 1 1953
BUREAU V. S.

04695

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O. Glen Burnie
LENGTH OF STAY (In this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 306 Milton Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Alexander (Middle) Bernard (Last) Grabowski
4. DATE OF DEATH (Month) May (Day) 6 (Year) 1953
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single
8. DATE OF BIRTH 3/2/53
9. AGE last birthday yrs. If under 1 year Months 2 Days 4 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Alexander Bernard Grabowski
14. MOTHER'S MAIDEN NAME Eldora Claytor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Eldora Grabowski (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

475X Immediate cause (a) Acute infection of the respiratory

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) tract. Few hours

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident, suicide, homicide, undetermined

SIGNATURE Gustave H. Faucher M.D. (Degree or title) Deputy Medical Examiner ADDRESS Glen Burnie Md. DATE SIGNED 5/6/53

BURIAL, CREMATION, MOVAL (Specify) BURIAL
DATE THEREOF 5/9/53
NAME OF CEMETERY OR CREMATORY HOLY CROSS
LOCATION (City, town, or county) ANNE ARUNDEL CO. (State) MD.

DATE REC'D BY LOCAL REG. 5-8-53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR JOHN F. DENNY, INC. 715 LIGHT ST. ADDRESS BALTO. 30

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and specially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04396

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 2 - Box 119

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn
STREET ADDRESS (If rural give location) Route 2 - Box 119

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Washington (Last) Griffith

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1953.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 22 1870

9. AGE Last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter (ret) U.S. Gov't. (Severn)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Severn, A.A. Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Griffith

14. MOTHER'S MAIDEN NAME: Alberta Pumphrey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Mrs. Mary Ella Griffith, Severn, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Coronary Thrombosis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Cardio - Vascular Disease — DUE TO

(c)

Interval Between Onset And Death: (a) Suddenly (b) 3 years

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ,1940.., to May 6...., 1953 , that I last saw the deceased alive on May 1 ..., 1953., and that death occurred at 10 a.m. ., from the causes and on the date stated above.

SIGNATURE (Degree or title) James S. Billingsley M.D. ADDRESS 108 Cathedral Ave Glen Burnie Md DATE SIGNED May 6. 1953.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF May 9, 1953 | NAME OF CEMETERY OR CREMATORY Glen Haven | LOCATION (City, town, or county) (State) Glen Burnie, Md.

DATE REC'D BY LOCAL REGISTRAR 5/8/53 | REGISTRAR'S SIGNATURE L. J. De Alba

24. FUNERAL DIRECTOR P.F. Singleton ADDRESS Glen Burnie, Md.

1951

RECEIVED
MAY 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH — COUNTY: Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gambrills
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Gerald (Last) Hall Jr.
4. DATE OF DEATH (Month) May (Day) 8 (Year) 1953
5. SEX: M
6. COLOR OR RACE: B
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Sept 10-1905
9. AGE last birthday: 47 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm hand
10b. KIND OF BUSINESS OR INDUSTRY: Transportation
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? US.
13. FATHER'S NAME: Thomas Hall
14. MOTHER'S MAIDEN NAME: Francis Hall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 216-18-53
17. INFORMANT AND ADDRESS: Hannah Hall · Gambrills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia

490X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Exposure (c)

INTERVAL BETWEEN ONSET AND DEATH: 10 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8-53, 19..., May 8-53, 19..., that I last saw the deceased alive on May 8, 1953 and that death occurred at 11 30 pm, from the causes and on the date stated above.

SIGNATURE: Fred Lipsky M.D. (Degree or title) ADDRESS: Odenton Md DATE SIGNED: 5-8-53

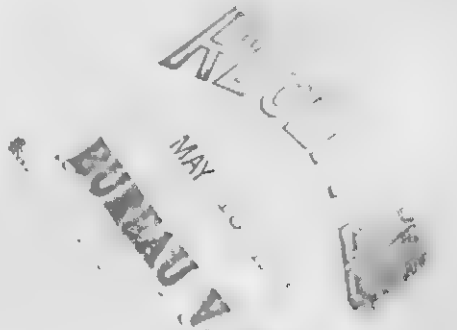
23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: May 12 53
NAME OF CEMETERY OR CREMATORY: Macedonia
LOCATION (City, town, or county): Odenton (State): Md

DATE REC'D BY LOCAL REG.: May 12, 1953
REGISTRAR'S SIGNATURE: K.M. Joce
24. FUNERAL DIRECTOR: F.B. Johnson ADDRESS: Annapolis, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A1


MAY
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01798

Reg. Dist. No. 22

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severn

LENGTH OF STAY (in this place): 6 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Box 6 Route 2

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severn

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last): Luther Kirby Hammond

4. DATE OF DEATH (Month) (Day) (Year): May 13 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: I/29/69

9. AGE last birthday: 84 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Helper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur Hammond

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Emma Clark, Severn, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
421.0 Immediate cause	(a) Mitral Insufficiency	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) General Arteriosclerosis	?
	DUE TO (c) Hypertension	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 52, 5/I3/53, 19....., that I last saw the deceased alive on 5/12/53, 19....., and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Everhard K Faucher MD — Glen Burnie, Md. — 5/I3/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: May 16 1953

NAME OF CEMETERY OR CREMATORY: Waugh Chapel Cemetery

LOCATION (City, town, or county) (State): Near Odenton Md

DATE REC'D BY LOCAL REG.: May 16-53

REGISTRAR'S SIGNATURE: Clara Harlup

24. FUNERAL DIRECTOR: Ridgely Selby

ADDRESS: 401 Wash. ave Laurel Md

RECEIVED
JUN 9 1953
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04399

CERTIFICATE OF DEATH

Reg. Dist. No. ....

VS. A16 (7)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 25 yrs. 6mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1144 N. Carey St.

3. NAME OF DECEASED: (Type or Print) (First) Lilly (Middle) (Last) Henson

4. DATE OF DEATH: (Month) 5 (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 1883?

9. AGE last birthday: 69? yrs.
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Unk. (If Yes, give war or dates of service) - - - - -

16. SOCIAL SECURITY NO.: - - - -

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
422.1 Immediate cause	(a) Chronic Myocarditis	Last several years
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Generalized Arteriosclerosis	" "
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - -

1119

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01700

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum Heights
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 212 Fort Meade Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum Heights
STREET ADDRESS (If rural give location) 212 Fort Meade Road

3. NAME OF DECEASED: (Type or Print) (First) Royal (Middle) Milton (Last) Herget

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 31, 1894
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Optician
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Herget
14. MOTHER'S MAIDEN NAME: Wise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W.I
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Erma W. Herget - Linthicum Hgts.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x

Immediate cause (a) Cardio-Vascular Disease — Interval Between Onset And Death: 3 Days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-Sclerosis & Hypertension — 2-3 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20 AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1948, to May 2, 1953, that I last saw the deceased alive on 5/2, 1953, and that death occurred at 11 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Anne L. Ball Jr.
ADDRESS Linthicum
DATE SIGNED 5/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF May 5, 1953
NAME OF CEMETERY OR CREMATORY Glen Haven
LOCATION (City, town, or county) (State) Glen Burnie, Md.
DATE REC'D BY LOCAL REGISTRAR 5/5/53
REGISTRAR'S SIGNATURE L J D'Alba
24. FUNERAL DIRECTOR R. Singleton
ADDRESS Glen Burnie, Md.

RECEIVED
MAY 7 1953
BUREAU OF I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1953-7144)

CERTIFICATE OF DEATH

Reg. Dist. No. 171

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marley Park
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 267 Cedar Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 601 S. Caton Ave

3. NAME OF DECEASED: (First) MARY (Middle) CATHERINE (Last) HODGES
4. DATE OF DEATH: (Month) MAY (Day) 13 (Year) 1953
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: SEPT 3 1873
9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT & ADDRESS: Ada M. Carber, Marley Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
450.0
Immediate cause (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 9 weeks
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Arteriosclerosis, general
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/12, 1953, to 4/13, 1953, that I last saw the deceased alive on 4/12, 1953, and that death occurred at 9 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Bobby L. Jones M.D. Glen Burnie Md 4/13/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5-16-53
NAME OF CEMETERY OR CREMATORY: Meadowridge Memorial
LOCATION (City, town, or county) (State): Elkridge, Md.

DATE REC'D BY LOCAL REG. 5/14/53
REGISTRAR'S SIGNATURE: Mary B. Laughman DeAlba Pro. B. & L.
24. FUNERAL DIRECTOR: F.C. Higinbothom, Ellicott City, Md.
ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 418 8-

RECEIVED
MAY 21 1953
BUREAU OF

04702

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Bristol
LENGTH OF STAY (In this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY aa
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bristol
STREET ADDRESS (If rural, give location) Waysons Corner (Drury)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Walter (Last) Hunter
4. DATE OF DEATH (Month) May (Day) 22 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 13 Mar 1870
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurateur
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jacob Hunter
14. MOTHER'S MAIDEN NAME Jane Rabbitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs J W Hunter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33.X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Multiple Cerebral Infarcts	6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis Severe	20 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to May 22, 1953, that I last saw the deceased alive on 21 May, 1953, and that death occurred at 11 2 P m., from the causes and on the date stated above.

SIGNATURE R B Cassier (Degree or title) M D ADDRESS Upper Marlboro, Md DATE SIGNED 5-23-53

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~ Burial
DATE THEREOF 5/26/1953
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. 5-25-53
REGISTRAR'S SIGNATURE K M Jyce
24. FUNERAL DIRECTOR W. W. Chambers Co., Riverdale, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUN 1
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01703

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gambrills, Md. | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gambrills
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Esaw (Middle) N. (Last) Jones
4. DATE OF DEATH (Month) 5 (Day) 23 (Year) 1953
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 12-15-1896
9. AGE last birthday 56 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Gutshmans
11. BIRTHPLACE (State or foreign country) Calvert Co. Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Nathan Jones
14. MOTHER'S MAIDEN NAME Fannie Garnett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Albert Jones - Gambrills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Larynx c̄ Secondary

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemorrhage c̄

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Elmer Ludt. | (Degree or title) U.S. | ADDRESS Annapolis Maryland | DATE SIGNED 5/25/53.

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 5-26-53 | NAME OF CEMETERY OR CREMATORY Davidsonville | LOCATION (City, town, or county) Davidsonville, Md. (State)

DATE REC'D BY LOCAL REG. May 26, 1953 | REGISTRAR'S SIGNATURE R. M. Joyce | 24. FUNERAL DIRECTOR William Reese, II - 108 N. Washington St. Annapolis, Md. | ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIV
JUN 1 19
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

01701

1. PLACE OF DEATH COUNTY A.A. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ✓ LENGTH OF STAY (in this place) 3 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland House of Corr.	STREET ADDRESS (If rural, give location) 3118 Ferndale Ave.

3. NAME OF DECEASED (Type or Print)	(First) Jackson	(Middle)	(Last) Jones	4. DATE OF DEATH	(Month) May	(Day) 17 (Year) 1953
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 12/11/02	9. AGE last birthday 50 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Not known			14. MOTHER'S MAIDEN NAME Florence Jones			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS M.H.C. records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
475x Immediate cause	(a) Congestive heart failure	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Upper Respiratory Infection	
	(c) Arterio-sclerosis and Myocardial degeneration	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. --- -----

19a. DATE OF OPERATION --------	19b. MAJOR FINDINGS OF OPERATION --------	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) --------	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ----	(CITY OR TOWN) --------- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ----- m.	INJURY OCCURRED While at Work ☐ Not While ~~At work~~ ☐	HOW DID INJURY OCCUR? -----

22. I hereby certify that I attended the deceased from 5/16, 1953, to 5/17, 1953, that I last saw the deceased alive on 5/17, 1953, and that death occurred at 9.30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John A. Clark	JOHN A. CLARK M.D.	MD JESSUP, MD.	5/18/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	5/20/53	Greenmont Cemetery	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 18-53	Dora Raskin	Wm. J. Tickner + Sons Inc.	Balt. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information [redacted]fully. The correct [redacted] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 25 1953
BUREAU V. S.

04705

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) POINT PLEASANT
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS SHORELAND DRIVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) POINT PLEASANT
STREET ADDRESS (If rural give location) SHORELAND DRIVE

3. NAME OF DECEASED: (Type or Print) (First) Emily (Middle) VIRGINIA (Last) Kirby

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH:
9. AGE last birthday: ABOUT 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOSHUA BAUGHER
14. MOTHER'S MAIDEN NAME: —

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: JOHN L. KIRBY, SHORELAND DRIVE, PT. PLEASANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

Immediate cause (a) Carcinomatosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma cervix

DUE TO

(c)

Interval Between Onset And Death: 3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1949, to May 4, 1953, that I last saw the deceased alive on May 4, 1953, and that death occurred at 5.45 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) C. R. MacDonald M.D.
ADDRESS Isley Burnie, Md.
DATE SIGNED 5-4-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 5/7/53
NAME OF CEMETERY ~~OR CREMATORY~~ LOUDON PARK
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND
DATE REC'D BY LOCAL REGISTRAR 5/6/53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Wm. Cook, Inc., 1217 ST. PAUL ST.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04706

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place) 24 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va COUNTY King Wm. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Luther
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) IRENE (Middle) Edwards (Last) LANEY
4. DATE OF DEATH (Month) 5 (Day) 30 (Year) 53

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED
8. DATE OF BIRTH Jan. 10 1917
9. AGE last birthday 36 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY House work
11. BIRTHPLACE (State or foreign country) King William Co. Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Clarence Edwards
14. MOTHER'S MAIDEN NAME Katie Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mary Brownm 410 W. 149 st N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Compound. Fracture-Skull. with

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Laceration. Brain - Frontal region

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) (COUNTY) AACo (STATE) MD
TIME OF INJURY (Month) 5 (Day) 30 (Year) 53 (Hour) 2 m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Auto Accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. Linhardt (Degree or title) MS ADDRESS Annapolis Maryland DATE SIGNED 5/30/53

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify) DATE THEREOF June 2 1953 NAME OF CEMETERY OR CREMATORY A. D. Price Jr. LOCATION (City, town, or county) 208 E Leigh st, Richmond (State) Va

DATE REC'D BY LOCAL REG. June 2, 1953 REGISTRAR'S SIGNATURE French - cmc
24. FUNERAL DIRECTOR J. B. Johnson ADDRESS Annapolis

RECEIVED
JUN 5 1
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort George G Meade
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lansdowne
STREET ADDRESS (If rural give location) 38 1st Ave.

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Allen (Last) Layfield
4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Newborn
8. DATE OF BIRTH: 8 May 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 38 Min. 15
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): -
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Richard Lee Layfield
14. MOTHER'S MAIDEN NAME: Norma Lee Disney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) -
16. SOCIAL SECURITY No.: -
17. INFORMANT & ADDRESS: Mother 38 1st Ave. Lansdowne, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.0

Immediate cause (a) Intracranial hemorrhage — Interval Between Onset And Death: 36 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Tentorial laceration — 36 hours

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -

19a. DATE OF OPERATION: -
19b. MAJOR FINDINGS OF OPERATION -
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -
(CITY OR TOWN) (COUNTY) (STATE) -
TIME OF INJURY (Month) (Day) (Year) (Hour) - m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 8 May, 1953, to 9 May, 1953, that I last saw the deceased alive on 9 May, 1953 and that death occurred at 5:15 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles K Sempere Cpt MC
ADDRESS Fort George G Meade, Md.
DATE SIGNED 9 May 53

23. BURIAL, CREMATION, REMOVAL (Specify) Buriel
DATE THEREOF 11 May 53
NAME OF CEMETERY OR CREMATORY Post Cemetary
LOCATION (City, town, or county) (State) Fort George G Meade, Md.
DATE REC'D BY LOCAL REGISTRAR 11 May 53
REGISTRAR'S SIGNATURE Arthur J Gomposh ARTHUR J GOMPOSH Capt MSC
24. FUNERAL DIRECTOR HOWARD H. RITTERPUSCH
ADDRESS 155 LaVerne Ave. Baltimore, Md.

2053201414

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4/15

RECEIVED
MAY 15 19[illegible]
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Dean (Last) Manley

4. DATE OF DEATH (Month) May (Day) 9 (Year) 53

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH June 22, 1386
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanist
10b. KIND OF BUSINESS OR INDUSTRY unknown
11. BIRTHPLACE (State or foreign country) Corvallis, Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Cassius F. Manley
14. MOTHER'S MAIDEN NAME Ortie Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes
16. SOCIAL SECURITY NO. #1
17. INFORMANT AND ADDRESS Winifred Dunn, Kent, Wash.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Disease — 5 Years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1-53, to May 9-, 1953, that I last saw the deceased alive on May 8-53, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph Lipshey M.D. ADDRESS Odenton Md DATE SIGNED May 10-53

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 5/12/53
NAME OF CEMETERY OR CREMATORY Friendship Cem.
LOCATION (City, town, or county) (State) Friendship, Md.

DATE REC'D BY LOCAL REG. 5/11/53
REGISTRAR'S SIGNATURE W. D. Hedrick
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Odenton
LENGTH OF STAY (In this place): 3½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: V Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: Same
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Same
STREET ADDRESS (If rural, give location): Same

3. NAME OF DECEASED (Type or Print): (First) Glenn (Middle) (Last) McCullough

4. DATE OF DEATH: (Month) (Day) (Year) May 25th 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4/15/01

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days / Hours / Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager of Air Force Service Exchange, Alvaton Georgia.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Arch McCullough

14. MOTHER'S MAIDEN NAME: Cleora Tidwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) War II

16. SOCIAL SECURITY NO.: 212-32-1077

17. INFORMANT AND ADDRESS: Mrs Goldie McCullough

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. IN MEDICAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH: | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE: Lenton L Pearlman Dep. (Degree or title) Deputy Medical Examiner ADDRESS: Glen Burnie, Md. DATE SIGNED: 5/26/53

CREMATION (Yes or No, Specify): Burial | DATE THEREOF: May 28-53 | NAME OF CEMETERY OR CREMATORY: Arlington Park Cemetery | LOCATION (City, town, or county) Ft Meyers (State) Va

DATE REC'D BY LOCAL REG.: May 27, 1953 | REGISTRAR'S SIGNATURE: L J Drabe | 24. FUNERAL DIRECTOR: Bernard A Funk | ADDRESS: Glen Burnie Md

MARGIN RESERVED FOR BINDING

USE INK - WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Typewriting is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 29
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01710

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 10 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rhodesdale
STREET ADDRESS (If rural give location): Rte. #1

09X

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ella (Last) Molock
4. DATE OF DEATH: (Month) 5 (Day) 11 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 2/15/97
9. AGE last birthday: 56 yrs. — IF UNDER 1 YEAR: Months —, Days — — IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Dorchester Co., Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Stephen Hill
14. MOTHER'S MAIDEN NAME: Lear Baltimore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): — — —
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Hospital Records & Son, Philip Hill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause — (a) Cardio-vascular Disease — Interval Between Onset And Death: Known to us since 7/15/52

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO — (b)
DUE TO — (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — — — —
19b. MAJOR FINDINGS OF OPERATION: — — — — — — — — — — — — — — — — — —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — — —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — — — — — —
(CITY OR TOWN) (COUNTY) (STATE): — — — — — — — — — — — — — —

TIME OF INJURY (Month) (Day) (Year) (Hour): ½ — — — — — — — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 2/1 ..., 19 53 to 5/11 ..., 19 53, that I last saw the deceased alive on 5/11 ..., 19 53, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arnold H. Eichert, M.D. — ADDRESS: Crownsville, Md. — DATE SIGNED: 5/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 5/14/53 — NAME OF CEMETERY OR CREMATORY: Petersburg Cemetery — LOCATION (City, town, or county) (State): Near Hurlock, Md.

DATE REC'D BY LOCAL REGISTRAR: May 12, 1953 — REGISTRAR'S SIGNATURE: H. M. Joce

24. FUNERAL DIRECTOR — ADDRESS: J. J. Frampton & Son, Federalsburg, Md.

VS. 15

RECEIVED
MAY 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04711

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Harundale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2103 Goodwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Harundale
STREET ADDRESS (If rural give location) 2103 Goodwood Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Clinton Theodore Moser

4. DATE OF DEATH: (Month) (Day) (Year) May 6 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: October 2, 1858
9. AGE last birthday: 94 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Ret. Steel Worker
10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Moser
14. MOTHER'S MAIDEN NAME: Sara Ann Barnet

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No: 204-09-6768 A
17. INFORMANT & ADDRESS: Herbert C. Keiper, 2103 Goodwood Road, Harundale, A. A. Co.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4343

Immediate cause (a) Cardiac Failure
DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-17, 1953, to 5-6, 1953, that I last saw the deceased alive on 5-6, 1953, and that death occurred at 3.10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles R. MacDonald M.D.
ADDRESS Glen Burnie Md.
DATE SIGNED 5-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) cremation
DATE THEREOF 5/7/53
NAME OF CEMETERY OR CREMATORY Green Mount Crematory
LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REGISTRAR 5/7/53
REGISTRAR'S SIGNATURE H. W. Hedrick
24. FUNERAL DIRECTOR Wm. Cook, Inc., ADDRESS 1217 St. Paul Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04712

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severna Park P.O. LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Belvedere Beach

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A.A. Co.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severna Park P.O. - Belvedere Beach
STREET ADDRESS (If rural give location) Thomas Ave.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) (NMI) (Last) OEHM
4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 13, 1881
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Balto., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph Klein
14. MOTHER'S MAIDEN NAME: Mary Klitch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Louis C. OEHM, Severna Park P.O.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterial Hypertension DUE TO

(c)

Interval Between Onset And Death: ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/27, 1953, to 5/1, 1953, that I last saw the deceased alive on 4/30, 1953, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. G. de Quevedo, M.D. ADDRESS Arnold - Md DATE SIGNED 5/1/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF May 4, 1953 NAME OF CEMETERY OR CREMATORY Landon Park LOCATION (City, town, or county) Balto. (State) Md.
DATE REC'D BY LOCAL REGISTRAR 5/1/53 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John T. Stansbury ADDRESS Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A

RECEIVED
MAY 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01713

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 307 N. Glenn Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis,
STREET ADDRESS (If rural, give location): 307 N. Glenn Ave

3. NAME OF DECEASED: (Type or Print) (First) BASIL (Middle) ALLAN (Last) OWINGS

4. DATE OF DEATH: (Month) May (Day) 31, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 28, 1866

9. AGE last birthday: 84 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real. Prop.

10b. KIND OF BUSINESS OR INDUSTRY: General Store

11. BIRTHPLACE (State or foreign country): Calvert County, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Basil Allan Owings

14. MOTHER'S MAIDEN NAME: Martha Massey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Grace Owings, Wife same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute dilatation of the Heart — INTERVAL BETWEEN ONSET AND DEATH: Several days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Arteriosclerotic Cardio-Vascular
DUE TO (c) Disease — 24 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1953, to 5/31, 1953, that I last saw the deceased alive on 5/31, 1953, and that death occurred at 10.30 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Albert R. Anderson MD Annapolis, Md 5/31/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 6/3/53 — NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery — LOCATION (City, town, or county) (State): Shady Side, Maryland

DATE REC'D BY LOCAL REG.: June 3, 1953 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: Ben L. Hopping and Son Annapolis, Md.

VS. AR. 8

RECEIVED
JUN 4 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (14714

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 6 yrs. 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Unknown
STREET ADDRESS (If rural give location): Unknown

3. NAME OF DECEASED: (Type or Print) (First) Rebecca (Middle) (Last) Perry

4. DATE OF DEATH: (Month) 5 (Day) 6 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 10/28/83

9. AGE last birthday: 69 yrs.
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James Perry

14. MOTHER'S MAIDEN NAME: Chariety Ann Robinson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) - - -

16. SOCIAL SECURITY No.: 0 - - -

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

Immediate cause (a) Uremia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Chronic glomerulonephritis — Interval Between Onset And Death: Unknown

DUE TO

260X)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis
Diabetes mellitus

19a. DATE OF OPERATION: - - -

19b. MAJOR FINDINGS OF OPERATION - - -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY - - -

(CITY OR TOWN) (COUNTY) (STATE) - - -

TIME (Month) (Day) (Year) (Hour) OF INJURY - - - - - m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? - - -

22. I hereby certify that I attended the deceased from 3/26 ..., 19 53, to 5/6 ..., 19 53 that I last saw the deceased alive on 5/6, 19 53, and that death occurred at 11:41 a.m., from the causes and on the date stated above.

SIGNATURE: Julian Lyman M.D. (Degree or title) M.D. ADDRESS: Crownsville State Hosp, Crownsville, Md DATE SIGNED: 5-6 53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: May 7 1953
NAME OF CEMETERY OR CREMATORY: Mt Olivet
LOCATION (City, town, or county): Norfolk. (State): Va

DATE REC'D BY LOCAL REGISTRAR: May 7, 1953 / May 13 1953
REGISTRAR'S SIGNATURE: K.M. Jones

24. FUNERAL DIRECTOR: J.B. Johnson ADDRESS: Funeral Home, Inc.

VS. A15

RECEIVED
MAY 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01715

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BAY RIDGE, ANNAPOLIS
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 DECATUR AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ANNE ARUNDEL
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BAY RIDGE, ANNAPOLIS
STREET ADDRESS (If rural give location) 11 DECATUR AVE

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) HENRY GAYLORD PORTER
4. DATE OF DEATH: (Month) (Day) (Year) MAY 15 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: NOV. 17, 1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): RETIRED CIVIL SER. COM. CHIEF - U.S. GOV'T
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MERRIFIELD VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROBERT G. PORTER
14. MOTHER'S MAIDEN NAME: CAMILLE GAYLORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES. (If Yes, give war or dates of service) SPAINISH-AMERICAN
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mrs. Mary E. Porter, BAY RIDGE ANNAPOLIS, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death 1/4 hr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) arteriosclerotic cardiovascular disease

DUE TO (c) hypertension — 10 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1019, 1948, to 5/15, 1953, that I last saw the deceased alive on 5/13, 1953, and that death occurred at 5/15/53 6:50 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) S. Bormuth M.D. ADDRESS Annapolis Md DATE SIGNED 5/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 5-18-53
NAME OF CEMETERY OR CREMATORY ST. MARY'S CEM
LOCATION (City, town, or county) (State) ALEXANDRIA VA.

DATE REC'D BY LOCAL REGISTRAR May 15, 1953
REGISTRAR'S SIGNATURE [signature] B.W.
24. FUNERAL DIRECTOR L. H. Hines Co., ADDRESS Washington 9, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
MAY 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C 1716

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 12 yrs. 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Forest Hill 12 X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Appy (Middle) Olevia (Last) Preston
4. DATE OF DEATH: (Month) 5 (Day) 6 (Year) 1953

5. SEX: FeMale
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: April 15, 1894 ~~1900?~~
9. AGE last birthday: 59 ~~52?~~ yrs. IF UNDER 1 YEAR Months - Days - IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James Preston
14. MOTHER'S MAIDEN NAME: Mary Hilton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - - - -
16. SOCIAL SECURITY No.: - - - -
17. INFORMANT & ADDRESS: Hospital Records & Mrs Clara V. Jackson, Forest Hill, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 X

Immediate cause (a) Cerebral Thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenic Reaction, Paranoid Type 11/1/40
Pulmonary Tbc 2/17/45

19a. DATE OF OPERATION: - - - - -
19b. MAJOR FINDINGS OF OPERATION -
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) - - - - -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - - - - - - (CITY OR TOWN) (COUNTY) (STATE) - - - - - - - - - - - - - - - - - -
TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 1/20, 1948, to 5/6/, 1953, that I last saw the deceased alive on 5/6, 1953, and that death occurred at 10:20 p.m., from the causes and on the date stated above.

SIGNATURE L. Benedict (Degree or title) M. D. ADDRESS Crownsville, Md. DATE SIGNED 5/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 9, 1953
NAME OF CEMETERY OR CREMATORY Clarks Chapel
LOCATION (City, town, or county) Kalmia, Harford (State) Md.

DATE REC'D BY LOCAL REGISTRAR 5-9-53
REGISTRAR'S SIGNATURE R M Joyce
24. FUNERAL DIRECTOR Jos T. Foster, Bellin, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 25 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04717

CERTIFICATE OF DEATH

Reg. Dist. No. 27

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort George G. Meade
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Ohio — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Columbus
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Kenneth (Middle) Allen (Last) Rose

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 27 May 53

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months — Days: 2 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Warren Allen Rose

14. MOTHER'S MAIDEN NAME: Patricia Ann Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: -

17. INFORMANT & ADDRESS: Mother
103 Dundalk Ave, Baltimore 22, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Unknown — Interval Between Onset And Death: 56 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Immaturity

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 May, 1953, to 29 May, 1953, that I last saw the deceased alive on 29 May, 1953, and that death occurred at 1920 hrs., from the causes and on the date stated above.

SIGNATURE: Charles R. Tempesi (Degree or title) M.D. ADDRESS: Fat Geo G. Meade DATE SIGNED: 29 May.

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF: 1 June 1953

NAME OF CEMETERY OR CREMATORY: Ft. George G. Meade

LOCATION (City, town, or county) (State): Maryland

DATE REC'D BY LOCAL REGISTRAR: 1 June 1953

REGISTRAR'S SIGNATURE: T. A. GORDON CWO., USA

24. FUNERAL DIRECTOR: HIRAM W. TROSTEL ADDRESS: Ft. Geo. G. Meade, Md.

2053201261

RECEIVED
UN 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Earleigh Hgts.
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ritchie Highway

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Earleigh Hgts.
STREET ADDRESS (If rural, give location): Ritchie Highway

3. NAME OF DECEASED (Type or Print): (First) Edmund (Middle) Gustav (Last) Schmidt

4. DATE OF DEATH: (Month) 5/27/53 (Day) (Year) 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 16, 77

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer – Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Henry Louis Schmidt

14. MOTHER'S MAIDEN NAME: Alwina Emelie Reuther

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: 219-32-2633

17. INFORMANT AND ADDRESS: Mrs. Lillie Barrows -Severna Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a): Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b):
(c):

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1953, to May 27, 1953, that I last saw the deceased alive on May 25, 1953, and that death occurred at 5 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): M.K. Sullivan M.D. ADDRESS: Severna Park DATE SIGNED: May 27 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5/29/53
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Ritchie Hgwy

DATE RECD BY LOCAL REG.: 5/28/53
REGISTRAR'S SIGNATURE: W W Hodges

24. FUNERAL DIRECTOR ADDRESS: John F. Denny, Inc. 715 Light St. Baltimore-30, Md.

Item 9 FilmG164 6/3/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1719

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville, Md. — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Balto City

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Md.

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby Girl (Middle) (Last) Smith

4. DATE OF DEATH: (Month) 5 (Day) 9 (Year) 1953

5. SEX: Fem.

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 4/19/52

9. AGE last birthday: 1 yrs. — IF UNDER 1 YEAR: Months — Days 20 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): ———

10b. KIND OF BUSINESS OR INDUSTRY: ———

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Mary Etta Smith

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

7517

Immediate cause (a) Bronchopneumonia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause - stating the underlying cause last. (b) Spinal bifida - Hydrocephalic — since admission

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ———

19b. MAJOR FINDINGS OF OPERATION ———

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ———

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ——— (CITY OR TOWN) ——— (COUNTY) ——— (STATE) ———

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? ———

22. I hereby certify that I attended the deceased from 2/1 ,1953 , to 5/9 , 1953 that I last saw the deceased alive on 5/9 , 19 53, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert M.D. — ADDRESS Crownsville, Md. — DATE SIGNED 5/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5/22/53 — NAME OF CEMETERY OR CREMATORY University Med School — LOCATION (City, town or county) Balto City — (State) Md

DATE REC'D BY LOCAL REGISTRAR 5/22/53 — REGISTRAR'S SIGNATURE L. J. D'Alba

24. FUNERAL DIRECTOR Thomas A Hemsley — ADDRESS 578 W Biddle St

VS. A15

RECEIVED
MAY 25
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01720

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Convelescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A A
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 96 Conduit St.

3. NAME OF DECEASED: (Type or Print) (First) C. (Middle) OLIVER (Last) SMITH

4. DATE OF DEATH: (Month) 5 (Day) 25 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH: 7-23-1865
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Tailor
10b. KIND OF BUSINESS OR INDUSTRY: Naval Uniforms
11. BIRTHPLACE (State or foreign country): Waverly Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua Smith
14. MOTHER'S MAIDEN NAME: Charlotte Greene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs Roland R. Thomas Annapolis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Coronary Thrombosis — Sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis — Several years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — Several years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20, 1953, to 5-25, 1953, that I last saw the deceased alive on 5-25, 1953, and that death occurred at 11 A, from the causes and on the date stated above.

SIGNATURE George C Basil (Degree or title) M.D. ADDRESS Annapolis Md. DATE SIGNED 5-27-53

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) DATE THEREOF 5-28-53 NAME OF CEMETERY OR CREMATORY Cedar Bluff LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR May 28, 1953 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (14721

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
   COUNTY: Anne Arundel — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
   LENGTH OF STAY (in this place): 45 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Worcester
   STATE: Maryland — COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill
   STREET ADDRESS (If rural give location): Rt. #2

3. NAME OF DECEASED (Type or Print): (First) Daisy (Middle) Belle (Last) Spence

4. DATE OF DEATH: (Month) 5 (Day) 22 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 1888 ?

9. AGE last birthday: 65 ? yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House worker

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO.: - - - - -

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death: Known to us since 4/8/53

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c) DUE TO

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized senile marasm

19a. DATE OF OPERATION: - - -

19b. MAJOR FINDINGS OF OPERATION - - - -

RECEIVED
MAY 29 19
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

C 1722

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Anne Arindel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural, give location) 37 West Street

3. NAME OF DECEASED: (Type or Print) (First) JOSIE (Middle) BLANCHE (Last) SPENCER

4. DATE OF DEATH: (Month) MAY (Day) 30, (Year) 1953 19

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: APRIL 18, 1893
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James D. Owen
14. MOTHER'S MAIDEN NAME: Ellen Warden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: 217-30-2616
17. INFORMANT & ADDRESS: Mr Lee Spencer Son, Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0
Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: May 27
DUE TO
Antecedent cause(s) (b) Arterio Sclerotic Heart — [illegible]
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (c) Disease — [illegible]

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arterio Sclerosis — [illegible]

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-27, 1953, to 5-30, 1953, that I last saw the deceased alive on 5-30, 1953, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE George E. Bosil (DEGREE OR TITLE) M D ADDRESS Annapolis Md DATE SIGNED 6-2-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 6-2-53
NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. June 3, 1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Ben L. Hopping and Son ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

RECEIVED
JUN 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 1 Boucher Pt.

3. NAME OF DECEASED: (Type or Print) (First) RUTH (Middle) M. (Last) STELLJIES
4. DATE OF DEATH: (Month) 5 (Day) 10 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: 7-25-1892
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Annapolis, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alex Hart
14. MOTHER'S MAIDEN NAME: Unk.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
4+2 ×
Immediate cause (a) Ac. Coronary Occlusion — Interval Between Onset And Death 1/2 hr.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardio-Vasc. Renal Disease — 10 yrs. +
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/29, 1953, to 5/11, 1953 that I last saw the deceased alive on 5/9, 1953, and that death occurred at 12.05 AM from the causes and on the date stated above.
SIGNATURE (Degree or title) Maurice W. Lawrence, Md
ADDRESS Annapolis, Md
DATE SIGNED 5/11/53

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 5-13-53
NAME OF CEMETERY OR CREMATORY Asbury Cemetery
LOCATION (City, town, or county) Arnold (State) Md
DATE REC'D BY LOCAL REGISTRAR May 12, 1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor Sons
ADDRESS Annapolis Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 01724

1. PLACE OF DEATH:
COUNTY A.A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 314 E. Joris Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY AA
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn.
STREET ADDRESS (If rural give location) 314 E. Joris Ave.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Richard (Last) Stickels

4. DATE OF DEATH: (Month) 5 (Day) 12 (Year) 1953.

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: 2.21.98
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): R.R. Eng.
10b. KIND OF BUSINESS OR INDUSTRY: W. Md RR.
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William F. Stickels
14. MOTHER'S MAIDEN NAME: Lillian L. Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) 1919
16. SOCIAL SECURITY No.: 705-10-5221
17. INFORMANT & ADDRESS: Family Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocardial Insuff.
DUE TO
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-25, 1953, to 5-12, 1953, that I last saw the deceased alive on 5-12, 1953, and that death occurred at 10:30 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Eugene Shuster M.D.
ADDRESS 3904 S. Hanover St.
DATE SIGNED 5-13-53

23. BURIAL, CREMATION, REMOVAL (Specify) B.
DATE THEREOF 5.15.53
NAME OF CEMETERY OR CREMATORY Glen Haven
LOCATION (City, town, or county) (State) Glen Burnie

DATE REC'D BY LOCAL REGISTRAR 5-14-53
REGISTRAR'S SIGNATURE A. W. Hedrick M.H.
24. FUNERAL DIRECTOR Jas. L. McCleary
ADDRESS 130 E. Fort Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. Co. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Rt. 2, Box 375 Edgewater, Md.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) (Last) Sullivan
4. DATE OF DEATH: (Month) MAY (Day) 28 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Jan. 18, 1870
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unk
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1

Immediate cause (a) Arteriosclerotic Cardio-Vascular disease — INTERVAL BETWEEN ONSET AND DEATH: yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Senility & Senile Degeneration

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/6, 1953, to 5/28, 1953, that I last saw the deceased alive on 5/24, 1953, and that death occurred at 4 A.m., from the causes and on the date stated above.

SIGNATURE Maurice F. Kleuwans, MD (DEGREE OR TITLE) ADDRESS Annapolis Md DATE SIGNED 5/28/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF may 29/53
NAME OF CEMETERY OR CREMATORY County Home
LOCATION (City, town, or county) (State) Edgewater Md

DATE REC'D BY LOCAL REG. May 29, 1953
REGISTRAR'S SIGNATURE Edward Collenson
24. FUNERAL DIRECTOR T. A. Hardesty & Son, Galesville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AID 8

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T

RECEIVED
JUN 2 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01726

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 306 Monterey Ave

3. NAME OF DECEASED: (Type or Print) (First) LILLIAN (Middle) V (Last) TAYMAN

4. DATE OF DEATH: (Month) MAY (Day) 21 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-18-1891

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: own home8

11. BIRTHPLACE (State or foreign country): Shady Side, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Carl Benning

14. MOTHER'S MAIDEN NAME: Fredericka Witt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ——— (If Yes, give war or dates of service) ———

16. SOCIAL SECURITY NO.: ———

17. INFORMANT & ADDRESS: Joseph E. Tayman Husband- same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

152 X

Immediate cause — (a) Generalized Arteriosclerosis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Primary Cancer of Jejunum.

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 19 53, to May 21, 19 53, that I last saw the deceased alive on May 21, 19 53, and that death occurred at 11:45 P.m., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) MD ADDRESS: Annapolis Maryland DATE SIGNED: May 24 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5-25-53 — NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery — LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: May 25, 1953 — REGISTRAR'S SIGNATURE: [signature] Reg.

24. FUNERAL DIRECTOR: Ben L. Hopping and Son — ADDRESS: Annapolis, Md.

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JUN 1

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01721

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A.A.Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.Co.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gambrills, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) Lee (Last) Testerman Jr.
4. DATE OF DEATH: (Month) 5 (Day) 9 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 3/29/1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 1 Days 10 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Annapolis, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Howard Lee Testerman
14. MOTHER'S MAIDEN NAME: Christine Marr
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Howard L. Testerman Gambrills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

756.2

Immediate cause (a) aspiration of vomitus — Interval Between Onset And Death: 9 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) inanition — 6 weeks

DUE TO (c) Meckels diverticulitis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-8, 1953, to 5-9, 1953, that I last saw the deceased alive on 5-8, 1953, and that death occurred at 4:45 AM 5/9/53 from the causes and on the date stated above.

SIGNATURE Edith Roeller (Degree or title) M.D. ADDRESS 45 Franklin St Annapolis Md DATE SIGNED 5-10-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 5/11/53 NAME OF CEMETERY OR CREMATORY Dawson Ville LOCATION (City, town, or county) Dawson Ville (State) Md.

DATE REC'D BY LOCAL REGISTRAR May 10, 1953 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Taylor & Son ADDRESS Annapolis, Md.

MAY 12
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04725

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 4 yrs.8 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural--Cambridge
STREET ADDRESS (If rural give location) R.F.D. #2

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) ---- (Last) Thomas
4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Feb.12,1918
9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): Ma ryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) - - -
16. SOCIAL SECURITY No.: 213-33-2525
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis — Interval Between Onset And Death: 2 mo.&8days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) - - -
DUE TO (c) - - -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. - - -

19a. DATE OF OPERATION: - - -
19b. MAJOR FINDINGS OF OPERATION - - - -
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) - ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --- -
(CITY OR TOWN) -- (COUNTY) --- (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) - m.
INJURY OCCURED While at Work ☐ -- Not While At Work ☐ ---
HOW DID INJURY OCCUR? -----

22. I hereby certify that I attended the deceased from 2/1 ,1953, to 5/17 , 1953, that I last saw the deceased alive on 5/16 , 1953, and that death occurred at 3 A.M. , from the causes and on the date stated above.
SIGNATURE (Degree or title) Arnold H. Sichert, M.D.
ADDRESS Crownsville, Md.
DATE SIGNED 5/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/21/1953
NAME OF CEMETERY OR CREMATORY Aireys Cemetery
LOCATION (City, town, or county) (State) R.F.D#2 Cambridge Md
DATE RECD BY LOCAL REGISTRAR 5/27/53
REGISTRAR'S SIGNATURE K.M. Joyce
24. FUNERAL DIRECTOR Herbert M. St. Clair, Jr.
ADDRESS Camb, Md

3

MAY 25 1953
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4M-53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY A.A. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS M.H.C.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Md.
STREET ADDRESS (If rural, give location) 807 N. Stricker St.

3. NAME OF DECEASED (Type or Print): (First) Dabney (Middle) (Last) Thomas
4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1953
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Separated
8. DATE OF BIRTH: 7/9/12
9. AGE last birthday: 40 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver
10b. KIND OF BUSINESS OR INDUSTRY: Coal Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: William Thomas
14. MOTHER'S MAIDEN NAME: Lillie Dobson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 215-01-9629
17. INFORMANT AND ADDRESS: M.H.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory failure — 4 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Toxemia & General exhaustion

(c) Pulmonary tuberculosis both lungs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ------- 19b. MAJOR FINDINGS OF OPERATION: ---------- 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/8/, 1953, to 5/26, 1953, that I last saw the deceased alive on 5/26, 1953, and that death occurred at 1.00 P.m., from the causes and on the date stated above.

SIGNATURE John A. Clark (Degree or title) ADDRESS DATE SIGNED

JOHN A. CLARK, M.D. PHYSICIAN IN CHARGE JESSUP, MD.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 5/29/53 NAME OF CEMETERY OR CREMATORY: Mt. Auburn LOCATION (City, town, or county): Balto. (State): Md.

DATE REC'D BY LOCAL REG. 5/28/53 REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR: Charles H Cooper ADDRESS: 512 Carrollton Ave

2 V JT

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 25

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn 25 LENGTH OF STAY (In this place) +25 y
HOSPITAL OR INSTITUTION OR STREET ADDRESS 225 Cedar Hill Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Estelle (Last) Thomas
4. DATE OF DEATH (Month) May (Day) 14 (Year) 1953

5. SEX F.
6. COLOR OR RACE Colored
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify) Separated
8. DATE OF BIRTH 11/29/87
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hours Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Marley - A. A. County Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Urias Williams
14. MOTHER'S MAIDEN NAME Mary M. Spencer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Marion Wallace (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4 Immediate cause (a) Coronary Occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident, suicide, homicide, undetermined.

SIGNATURE (Degree or title) Gustave W. Paulsen MD — ADDRESS Deputy Medical Examiner Glen Burnie Md. — DATE SIGNED 5/14/53

DISPOSITION (Specify) Burial — DATE THEREOF 5/17/53 — NAME OF CEMETERY OR CREMATORY Mt Calvary Cem — LOCATION (City, town, or county) Brooklyn Md (State)

DATE REC'D BY LOCAL REG. 5/17/53 — REGISTRAR'S SIGNATURE W. W. Hendrix — 24. FUNERAL DIRECTOR Elroy O. Wilson — ADDRESS 1100 Brantley Ave

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

Item 21 Film G154 6-16-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severna Park
LENGTH OF STAY (In this place): Sudden
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Public Beach

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
STREET ADDRESS (If rural, give location): 304 Crain Highway, N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Lee	Thompson	May	17	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	June 2, 1935	17 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	School	Baltimore Maryland	U.S.A.

13. FATHER'S NAME: James O. Thompson
14. MOTHER'S MAIDEN NAME: Helen Stone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: James O. Thompson, Glen Burnie

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — ONSET AND DEATH

Immediate cause (a) Accidental Drowning — Sudden

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Severn River	Severna Park	AA	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
5/17/53 3 P. m.		Drowning

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Secretary to Fairbrother M.D. — (Degree or title) Deputy Medical Examiner — ADDRESS: Glen Burnie, Md. — DATE SIGNED: 5/17/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 20 1953	Cedar Hill	Brooklyn R.F.D.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 20, 1953	C. J. Laeba	T. Pennington & Glen Burnie	Md.

VS. A15A

RECEIVED
MAY, 22 1953
BUREAU M.S.

04732

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort George G. Meade,
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Odenton
STREET ADDRESS (If rural give location) -

3. NAME OF DECEASED: (Type or Print) (First) Jo (Middle) Ann (Last) Watson
4. DATE OF DEATH: (Month) May (Day) 22 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 19 May 1953
9. AGE last birthday: - yrs. IF UNDER 1 YEAR Months Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: John M. Watson
14. MOTHER'S MAIDEN NAME: Joanne Rollins

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: -
17. INFORMANT & ADDRESS: Mother - Laurel, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Prematurity DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 May, 1953, to 22 May, 1953, that I last saw the deceased alive on 22 May, 1953, and that death occurred at 12 45 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Mary E. Steinheimer, Capt. MC
ADDRESS U. S. Army Hospital, Ft. Meade, Md.
DATE SIGNED 25 May '53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 25 May 53
NAME OF CEMETERY OR CREMATORY Fort George G. Meade
LOCATION (City, town, or county) Maryland (State)
DATE REC'D BY LOCAL REGISTRAR 22 May 1953
REGISTRAR'S SIGNATURE [illegible] (Gamboch)
24. FUNERAL DIRECTOR O. H. KELLY, Lt. Col. (Chaplain)
ADDRESS

2053201260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 2
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04733

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A. A. Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. Co. General Hosp't

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 1 Thompson St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ALLAN FERGUSON WESTCOTT
4. DATE OF DEATH: (Month) (Day) (Year) 5 2 1953

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):
8. DATE OF BIRTH: Nov. 22-1882
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Prof. at U.S.N. Academy
10b. KIND OF BUSINESS OR INDUSTRY: Instructor
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Wilson Henry Westcott
14. MOTHER'S MAIDEN NAME: Isabell Thompson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Elizabeth C. Westcott 1 Thompson St Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

18/X

Immediate cause (a) L. sided sub diaphragmatic & hepatic peritonitis — Interval Between Onset And Death: 3 mos +

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Ac. & Chr. pyelo-nephritis & perinephritis — 3 mos +

DUE TO

(c) Ascending infection Rectos - ureteral anastamosis — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Resection of bladder for Ca bladder — 1 yr.

19a. DATE OF OPERATION: 1 yr. ago
19b. MAJOR FINDINGS OF OPERATION: Ca Bladder - no apparent metastases
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20, 1953, to 5/2, 1953, that I last saw the deceased alive on 5/2, 1953, and that death occurred at 8.14 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Maurice Klawans, MD
ADDRESS Annapolis Md
DATE SIGNED 5/3/53

23. BURIAL, ~~CREMATION, REMOVAL (Specify)~~
DATE THEREOF May 5 1953
NAME OF CEMETERY OR CREMATORY U.S. Naval Academy
LOCATION (City, town, or county) (State) Annapolis Md

DATE REC'D BY LOCAL REGISTRAR May 4, 1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor & Son
ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

Wescott.

M

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RECEIVED
MAY 6 1953
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04734

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 45 N. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Hester (Middle) (Last) Wilson
4. DATE OF DEATH: (Month) 5 (Day) 25 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 3-4-1897
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): A.A. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isiaac Hall
14. MOTHER'S MAIDEN NAME: Lucinda Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: John Wilson - Annapolis, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 600.0 (a) peri nephritic abscesses left DUE TO — Interval Between Onset And Death 5 mo

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) pyelonephrosis DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-24, 1953, to 5-25, 1953, that I last saw the deceased alive on 5-25, 1953 and that death occurred at 4.30 A, from the causes and on the date stated above.

SIGNATURE Edith Roella M.D. (Degree or title) ADDRESS 45 Franklin St Annapolis Md DATE SIGNED 5-25-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-28-53
NAME OF CEMETERY OR CREMATORY Brewer Hill
LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REGISTRAR May 26, 1953
REGISTRAR'S SIGNATURE [signature] B.W.
24. FUNERAL DIRECTOR William Reese, II 108 N. Washington St. Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 27 1953
BUREAU V. S.